

2 receive  
8/6/01

ISSUE SLIP STATE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 49     | 9/2/01   |
| FORMALITY REVIEW          | H8       | TC-916 | 08-10-01 |
| RESPONSE FORMALITY REVIEW | MS       | SC906  | 08/09/01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

8/5  
08/6/01